

United States Department of the Interior  
BUREAU OF INDIAN AFFAIRS

HOPI AGENCY  
P.O. Box 158  
Keams Canyon, Arizona 86034

IN REPLY REFER TO:

**Facilities Management**  
**(928)738-2207/2315**

**MAR 30 2006**

United States Environmental Protection Agency  
CWA Standard and Permits Office (WTR-5)  
Attention: Mr. Douglas E. Eberhardt, Chief  
75 Hawthorne Street  
San Francisco, CA 94105-3901

RE: NPDES Permit Application NO. #AZ 0022560

Dear Mr. Eberhardt:

On March 16, 2006, Ms. Robyn Stuber, Environmental Scientist, requested for the corrections and clarification to our February 22, 2006 NPDES Permit Application for BIA Keams Canyon Sewage Lagoon.

Please find the attached corrected forms:

Form #1: Box II. B.: Clarify whether or not it is necessary to complete Form 2B for facility.  
Box III: Add Name of facility.  
Box XI: Attach "map" to application.  
Box XII: Update "Nature of Business" at facility.

Form #2A – Part A: A.6.a. (p. 3 of 21) "Design flow rate".  
A.9.e. (p. 5 of 21) "Average daily flow rate" (in mgd)  
A.9.f. (p. 5 of 21) "Average duration of each discharge",  
And "Average flow per discharge".  
A.10.d. (p. 5 of 21) "Critical Low flow of receiving stream"  
(e.g. acute 1Q10 and Chronic 7Q10)  
A.10.e. (p. 5 of 21) "Total hardness of receiving stream at  
critical flow".  
A.12. (p. 6 of 21) "Flow rate", "BOD5", "Fecal Coliform",  
"TSS", per form 2A.

Form #2A – Part B: B.1 (p. 7 of 21) "Inflow and Infiltration" rate.  
B.2 (p. 7 of 21) "Topographic Map"  
B.3 (p. 7 of 21) "Process flow diagram or schematic"

Per form 2A.

B.6 (p. 8 of 21) "Effluent testing data for conventional and non-conventional pollutant". Per form 2A

Form 2S: Forms completed and faxed to Ms. Lauren Fondahi, Biosolids Coordinator, CWA Compliance Office (WTR-7).

I certify under penalty of Law that I have personally examined and am familiar with the information submitted on this application and all attachments and that based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibilities of fines and imprisonment.

Please contact Mr. Melvin Todacheene, Facility Manager, if you should have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Melvin Todacheene", with a long horizontal line extending to the left.

Superintendent

xc: J. Krause, EQM Western Region



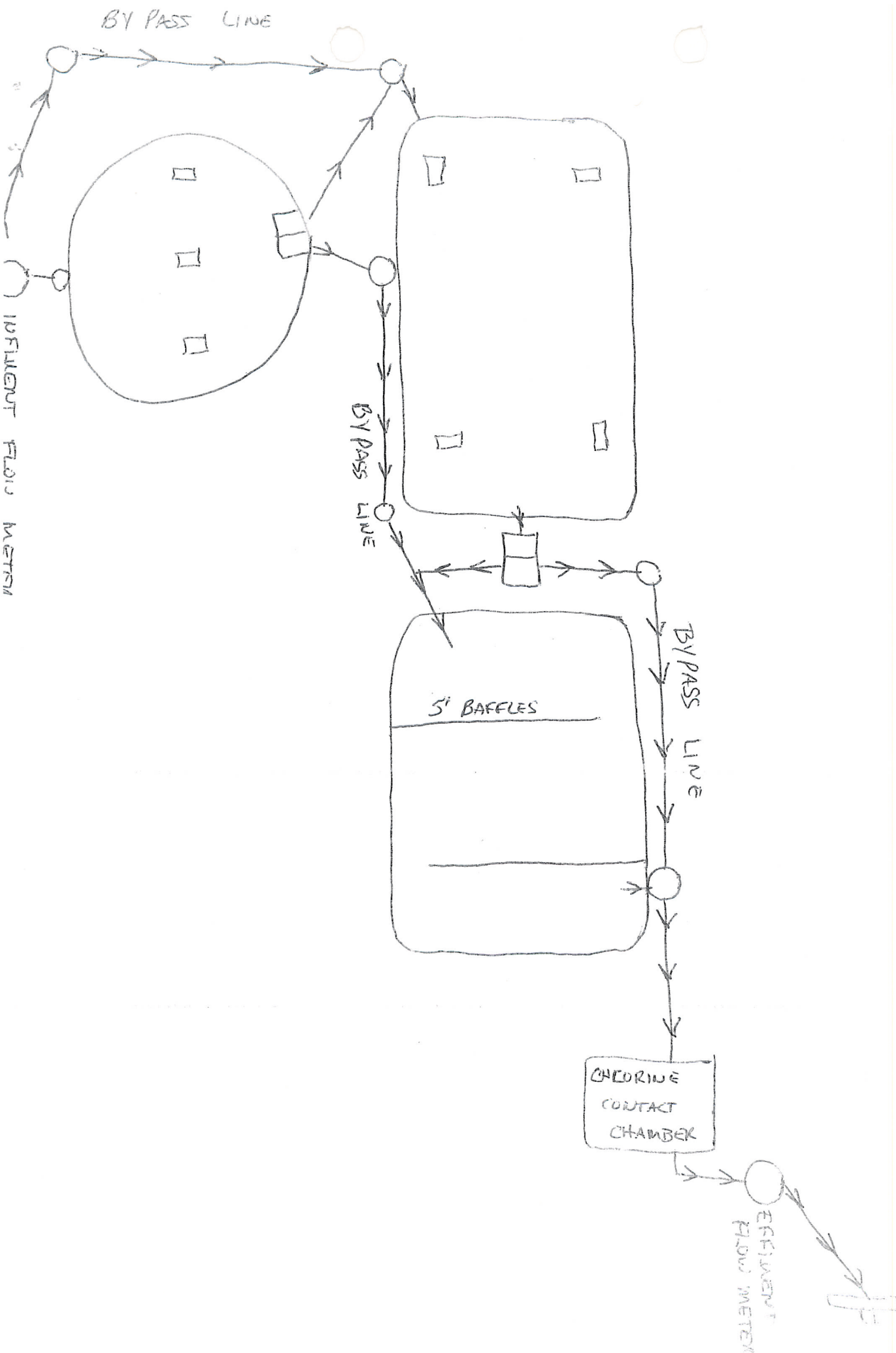
Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 2040-0086.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS				GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		AZ0022560		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME		BIA KEAMS CANYON SEWAGE LAGOON			
V. MAILING ADDRESS		PLEASE PLACE LABEL IN THIS SPACE			
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP BIA KEAMS CANYON SEWAGE LAGOON					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 MELVIN TODACHEENE FACILITIES MGR			728 738 2207		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 158					
B. CITY OR TOWN			C. STATE D. ZIP CODE		
4 KEAMS CANYON			AZ 86034		
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 MILLER POSTHOLE WEST STATE RT. 264					
B. COUNTY NAME					
NAVAJO					
C. CITY OR TOWN			D. STATE E. ZIP CODE F. COUNTY CODE (if known)		
8 KEAMS CANYON			AZ 86034		



WATER TREATMENT PLANT



Discharge



VII. SIC CODES (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	F	(specify)	C			
S = STATE	O = OTHER (specify)	SA	BTA	A	928	738	2207
P = PRIVATE							

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND		
C															Is the facility located on Indian lands?	
B	KEAMS CANYON A										AZ		86034		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

X. EXISTING ENVIRONMENTAL PERMITS															
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)					
E	T	I								E	T	I			
9	N		A20.0225.6.0							9	P				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)					
E	T	I								E	T	I			
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C. RCRA (Hazardous Wastes)										E. OTHER (specify)					
E	T	I								E	T	I			
9	R									9					
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf from an old book. The paper has a slightly textured appearance with some minor discoloration and small dark spots, possibly due to age or handling. A vertical crease is visible near the right edge, suggesting it was once part of a bound volume. The page is otherwise empty of any text or markings.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
MELVIN TODACHEENE Facility Manager		2-22-06

COMMENTS FOR OFFICIAL USE ONLY	
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## FACILITY NAME AND PERMIT NUMBER:

BIA KEAMS CANYON AZ0022560

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

## A.1. Facility Information.

Facility name BIA KEAMS CANYON SEWAGE LAGOON  
Mailing Address P.O. Box 158  
KEAMS CANYON, AZ 86034  
Contact person MELVIN TODACHEENE  
Title FACILITY MANAGER  
Telephone number 928 738-2207  
Facility Address 100 MAIN STREET  
(not P.O. Box) KEAMS CANYON, AZ 86034

## A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name S A A  
Mailing Address \_\_\_\_\_  
Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

## A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES AZ0022560 PSD \_\_\_\_\_  
UIC \_\_\_\_\_ Other \_\_\_\_\_  
RCRA \_\_\_\_\_ Other \_\_\_\_\_

## A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>KEAMS CANYON</u>	<u>300 CONNECTIONS</u>	<u>DOMESTIC SEWAGE</u>	<u>BIA</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>300</u>			



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

MELVIN TODACHEENE FACILITY MANAGER

Signature

Telephone number

928-738-2207

Date signed

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IX  
75 Hawthorne Street  
San Francisco, CA 94105

Reply to:  
WTR-5

March 16, 2005<sup>6</sup>

MEMORANDUM

SUBJECT: NPDES Permit Application No. AZ0022560

TO: Mr. Melvin Todacheene, Facilities Manager  
BIA Keams Canyon Sewage Lagoon

FROM: Ms. Robyn Stuber, Environmental Scientist *RA Stuber*  
CWA Standards and Permits Office (WTR-5)

Based on our telephone conversations of March 14 and 16, 2006, please provide the requested corrections and clarifications to your February 22, 2006 NPDES permit application for BIA Keams Canyon Sewage Lagoon. This information should be sent via certified letter to the attention of:

Mr. Douglas E. Eberhardt, Chief  
U.S. EPA Region 9  
CWA Standards and Permits Office (WTR-5)  
75 Hawthorne Street  
San Francisco, CA 94105

Your letter should conclude with the "Certification" statement copied from Form 1, Box XIII., of your NPDES permit application and should be signed by the individual designated as your official signatory to the permit application, in accordance with 40 CFR 122.22.

Form 1

✓ Box II.B.: Clarify whether or not it is necessary to complete Form 2B for facility.

✓ Box III.: Add "Name of Facility".

Box XI.: Attach "Map" to applications, per Form 1 instructions.

✓ Box XII.: Update "Nature of Business" at facility, per Form 1 instructions.

Form 2A - Part A

\* Question A.6.a. (p. 3 of 21): Confirm/correct "Design flow rate".



# DESIGN CRITERIA

EXISTING DWELLING UNITS	—	163 DU
FUTURE DWELLING UNITS	—	263 DU
EXISTING POPULATION	—	620 PERSONS
FUTURE POPULATION	—	845 PERSONS
WASTEWATER FLOW	—	80 GPCD
CURRENT WASTEWATER FLOW	—	49,600 GPD
FUTURE WASTEWATER FLOW	—	70,000 GPD

## INFLUENT CHARACTERISTICS —

BOD <sub>5</sub> ,pounds per capita day—	0.10 Lbs pcd
BOD <sub>5</sub> ,(Ave) mg/l	— 124 mg/l
BOD <sub>5</sub> ,Total Lbs.	— 85 Lbs per Day
SS, pounds per capita day	— 0.10 IBS pcd
SS, (Ave) mg/l	— 108 mg/l
SS, Total Lbs.	— 85 Lbs per Day

## TREATMENT UNITS —

### AERATOR POND

Surface Area, SF	24,100
Maximum Depth, Ft	12
Volume, Gallons	1,393,000
Detention Time, Days	19.9
Top of Dike Elev.	6,042.00
Max. Water Surface Elev.	6,039.00
Bottom Elev.	6,027.00
Aerators, Hp	3 @ 7 1/2 HP

### CELL No. 1

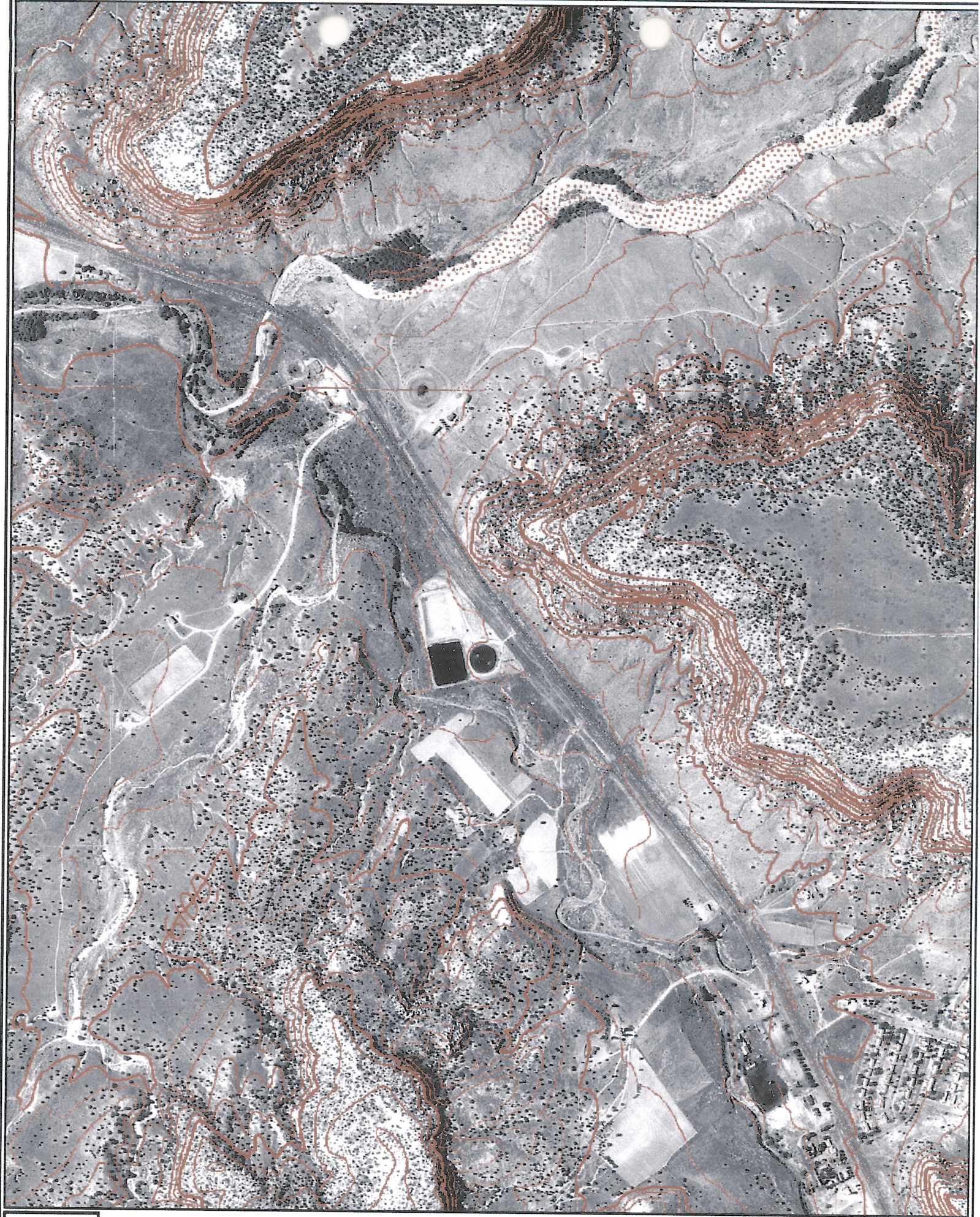
Surface Area, SF	63,800
Maximum Depth, Ft	5
Volume, Gallons	2,111,000
Detention Time, Days	30.2
Top of Dike Elev.	6,036.00
Max. Water Surface Elev.	6,033.00
Bottom Elev.	6,028.00
Aerators, Hp	4 @ 2 HP

### CELL No. 2 \*

Surface Area, SF	60,900
Maximum Depth, Ft	5
Volume, Gallons	2,008,000
Detention Time, Days	28.7
Top of Dike Elev.	6,033.00
Max. Water Surface Elev.	6,030.00
Bottom Elev.	6.025.00

\* NOTE THAT CELL No. 2 IS NORMALLY EMPTY  
EXCEPT DURING EMERGENCY BYPASSES





Keams Canyon  
Sewer Lagoon

